

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/586068

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2			1				52						
3							53						
4							54						
5			4	1			55						
6			4	1			56						
7			2	1			57						
8			2	1			58						
9			2	1			59						
10			2	1			60						
11			2	1			61						
12			2	1			62						
13			2	1			63						
14			2	1			64						
15			2	1			65						
16			2	1			66						
17			2	1			67						
18			2	1			68						
19			2	1			69						
20			2	1			70						
21			2	1			71						
22			2	1			72						
23			2	1			73						
24			2	1			74						
25			2	1			75						
26			2	1			76						
27			2	1			77						
28			2	1			78						
29			2	1			79						
30			2	1			80						
31			2	1			81						
32			2	1			82						
33			2	1			83						
34			2	1			84						
35			2	1			85						
36			2	1			86						
37			2	1			87						
38			2	1			88						
39			2	1			89						
40			2	1			90						
41			2	1			91						
42			2	1			92						
43			2	1			93						
44			2	1			94						
45			2	1			95						
46			2	1			96						
47			2	1			97						
48			2	1			98						
49			2	1			99						
50			2	1			100						
TOTAL IND.			4										
TOTAL DEP.			26										
TOTAL CLAIMS			30										